## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05/20/2010</u>	Address:	2634 BROOKSBURG-
Case #:	<u>42F30591</u>		MANVILLE ROAD
County:	<u>JEFFERSON</u>	·	
Type of Laboratory Seizure (check one)  Operational Lab		Seizure Location (check all that apply)	
Chemic	al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other:</li></ul>
	nd: Location (bedroom, kitchen, open ai	r, etc)	<del></del>
(check all that apply)    Lithium/Ammonia Reaction(s): IN OUTBUILDING			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: IN OUTBUILDING			
Water Reactive Metal (Lithium): <u>IN OUTBUILDING/BURN BARRELS</u>			
Anhydro	ous Ammonia: <u>IN OUTBUILDING</u>		
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: <u>IN OUTBUILDING</u>			
Corrosive Base:			
Other (it	em and location):		
☐ Yes ⊠ No	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	<u>Information</u> Pseudoephedrine Tracking Log rchant Tip
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Departr	re Department: MILTON FIRE		<u>55-9821</u>
Health Department: <u>JEFFERSON CO.</u>		Fax: <u>812-27</u> Fax: <u>N/A</u>	<u>/3-1955</u>
Child Protec	tion Service: <u>N/A</u>	<del></del>	
For further in	nformation regarding this methamphe	etamine laboratory, co	entact

Investigating Officer: MARTIN A. MEAD Phone 812-522-1441

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.